

(Rev January 2020)

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2019

Open to Public Inspection

Dep Inte	artment of th	ne Treasury e Service		► Do not e	enter social secu w.irs.gov/Form9	rity numbe 190 for ins	rs on this for tructions a	m as it and the	may be e lates	mad it inf	e public. ormatio	n.1918		Inspection
A	A For the 2019 calendar year, or tax year beginning , 2019, and ending ,													
В	Check if ap	plicable	С			•						D Employ	yer iden	tification number
	Addres	ss change	<u>Hopi</u> Cre	dit Asso	ociation							86-	6053	3269
	Name		PO Box 1									E Telepho	one nun	nber
	Initial	return	Keams Ca	inyon, A	Z 86034							(92	8) 7	738-2205
	Final ret	turn/terminated												
	Amend	ded return										G Gross r	eceipts	\$ 276,785.
	Applic	ation pending	F Name and a	ddress of princip	oal officer Ali	ssa Cr	arlev	-		F	(a) Is this	a group retur	n for su	ibordinates? Yes X No
			Same As	C Above						\ [\]	(b) Are all	l subordinates * attach a list	include	ed ² Yes No
ī	Tax-exer	npt status	501(c)(3)	X 501(c) (4) 4 (11	nsert no.)	4947(a)((1) or	52/	74	110,	attach a nat	(300 11	istractions,
J	Websit	te: b ho	pi-nsn.g	ov/hopi-	credit-a	ssocia	tion	1			(c) Group	exemption ni	umber l	>
K	Form of o	organization	Corporation	Trust 2	Association	Other ►		L Ye	ar of for	matio	195	2 M s	State of	legal domicile AZ
Pa	artil 📉	Summar	/											
														of borrowing
ģ	<u>m</u> q			<u>ing it t</u>	o member	s_of_t	he Honi	i <u>Tr</u>	<u>ibe</u>	foı	<u>the</u>	ir ecor	nomi	<u>C</u>
a	<u>d</u> e	evelopm	<u>ent.</u>				_					. 		
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Ee.	5 To			-	n calendar ye	-	-		•				5	5 3
Activities &	6 To		of volunteers			,							6	0
Ą	7a To	tal unrelate	d business r	evenue from	Part VIII, cor	umn (C)	\$12 27V	<u>= U_</u>	7				7a	0.
	b Ne	t unrelated	business tax	able income	from Form 9	190, F, Iline	39 - 10		$-\Sigma 1$	•			7b	0.
				D. 1.2001		<u> </u>			1241		P	rior Year		Current Year
e												356,4		129,984.
Revenue	9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3 4, and 7d									199,8		138,255.		
æ					ines 5, 6d, 80			UT	/1			4,0	84.	8,500.
					I (must equal				12)			560,3	158 :	276,785.
-					IX, column (1	- <u>-</u> -		-			
	l			•	IX, column (A	-								
	15 Sa	-		-	ee benefits (P	-		lines 5	-10)		·	113,2	287.	131,936.
ses	16a Pro	ofessional f	undraising fe	es (Part IX.	column (A),	ine 11e).			-		_	. <u></u>		
Expenses	h To		_	-	olumn (D), lın									
짚	17 0				ines 11a-11d	_						220 6	60	185,238.
					equal Part IX			5				238,6 351,9		317,174.
					18 from line 1	2	RECE	ĬVF	=D			208,4		-40,389.
8 8		101100 1000	<u> </u>	dott dot into	10	- -		- V V E		ाठी	Reginnu	ng of Curren		End of Year
ote lanc		tal assets (Part X, line 1	6).		 	AUG 2	0.20	24	RS-OSC		2,917,9		2,823,572.
Ba Ba		•	(Part X, line	•		88	MUU Z	₹ ZU.	41	S		828,9		774,986.
ŠŠ	22 Net	t assets or	fund balance	s. Subtract l	ine 21 from I	ine 20 🗀						2,088,9		2,048,586.
		Signature					OGDE	N_{r}	JT		<u>-</u>	, -, , -		
				examined this ret	turn, including acc	ompanying	schedules and	stateme	nts, and	to the	e best of m	y knowledge	and bel	ief, it is true, correct, and
com	plete Declar	ation of prepar	er (other than off	icer) is based on	all information of	which prepa	arer has any kr	nowledge	e 				1	t
			Ha	^									14	$ww_{\underline{\underline{\underline{\underline{\underline{w}}}}}$
Siç	jn 💮	Signaturi	e of officer	\cap							Da			
Here Alissa Charley										Inte	rim Exe	<u>.Di</u>	rector	
			orint name and ti	lle ——	10			- 16				<u> </u>	, 	OTIAL
		1	eparer's name		Preparer's sign		,		Date			-	∑ if [∑	PTIN
Pa			Harshwa		Duriva		-1		11/16	/202	20	self-employe	ed	P01249746
	parer	Firm's name			OMPANY L									0741076
US	e Only Firm's address > 7677 OAKPORT ST STE 460										Firm's EIN		-0741376	
		<u> </u>		AND, CA								Phone no	(51	
_					r shown abov)		•	•••	•	<u></u>	X Yes No
BA	A For Pa	perwork Re	eduction Act	Notice, see	the separate	instruction	ons.		•	TEEA	0101L 01/	21/20		Form 990 (2019)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

9/120

Form	m 990 (2019) Hopi Credit Association	86-6053269	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Par	t III	
1	Briefly describe the organization's mission:		
	To carry on the business of borrowing money and i	relending_it_to_members_of_the	<u>Hopi</u>
	Tribe for their economic development.		
	Did the organization undertake any significant program services during the year which	th were not listed on the prior	
	Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		N III
3		conducts, any program services? Yes	X No
_	If "Yes," describe these changes on Schedule O.		
4		hree largest program services, as measured by e	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount and revenue, if any, for each program service reported.	nt of grants and allocations to others, the total ex	kpenses,
4 a	a (Code) (Expenses \$ 95,177. including grants of \$) (Revenue \$ 13	8,255.)
	Consumer Lending - Primarily engaged in making ur approximately 109 members. Membership is limited	secured and secured loans to	
		·	
		·	
4 b	b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
			-
			-
			-
			-
			- <i></i>
4 c	c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
			-
			-
			-
- A d	Other program services (Describe on Schedule O.)		
→ u	(Expenses \$ Including grants of \$) (Revenue \$)
4 e	Total program service expenses ► 95,177.	, <u>v</u>	<u> </u>
BAA		Form	990 (2019)

Yes No

Part IV	Checklist of	of Required Schedule	s
7 - 124			

'	Schedule A.	1 1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
•	c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
(Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X .	11 e	Х	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	х	_
ı	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
4 8	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		x
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		
:0a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х

Form 990 (2019) Hopi Credit Association [Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		x
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
,	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
l	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions).			
ć	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
(A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part l</i>	33	_	х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х_
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŧ	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Щ.
_	Enter the number reported in Day 2 of Form 1005 Enter O if not applicable 1.4-1		Yes	No
	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable . 1a 10 Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable . 1b 0			}
	——————————————————————————————————————			
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
BAA	TEEA0104L 07/31/19	Form	990 (2019)

Hopi Credit Association 86-6053269 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return... X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?... 2 b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 3 h 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4 a b If 'Yes,' enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5Ь c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X solicit any contributions that were not tax deductible as charitable contributions? 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year... 7 d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?. 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9Ь 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources 11 b against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12h 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand . 13c X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? . b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X 15 excess parachute payment(s) during the year?. If 'Yes,' see instructions and file Form 4720, Schedule N.

If 'Yes,' complete Form 4720, Schedule O.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

16

X

Rartivial Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent. 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X See Schedule O $\overline{\mathbf{X}}$ 6 Did the organization have members or stockholders?. 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? See. Schedule O X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8 a b Each committee with authority to act on behalf of the governing body? X 8Ь 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10 a Did the organization have local chapters, branches, or affiliates? 10a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b . . 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O $\overline{\mathbf{X}}$ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X Schedule O how this was done . 12 c 13 13 Did the organization have a written whistleblower policy? 14 X 14 Did the organization have a written document retention and destruction policy? . . . 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. 15 a 15 b **b** Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain on Schedule O) Own website X Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records ▶ 20 Theresa Lucero PO Box 1259 Keams Canvon AZ 86034 (928) 738-2205

Form 990 (2019)	Hopi	Credit	Association

86-6053269

age 7

Rartivilia Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any rela	ted organiz	ation	con		_	ed any	current officer, direc	tor, or trustee.	·	
(A) Name and title	(B) Average hours per	15	both dire	ector	ot ch unles officer		Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other	
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Alissa Charley	40									
Interim Exe.Dir	0	X				<u> </u>	58,240.	0.	6,136.	
(2) Vaughn Sieweumptewa President	$-\frac{1.4}{0}$	x		X			1,558.	0.	0.	
(3) King Honani, Sr.	0.6									
Vice President	0	X		Х			1,478.	0.	0.	
Member	2.2	X					1,333.	0.	0.	
(5) Shawn Namoki, Sr.	1.4									
Treasurer	0	X		Х			1,190.	0.	0.	
_(6)_Belma_Navakuku	0.5								_	
Member	0	X			<u></u>		765.	0.	0.	
	-									
(8)										
(9)										
(10)										
<u>(11)</u>	 									
(12)					_					
(13)									<u> </u>	
(14)		-	\dashv							
	l						<u></u>	L		

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Rart VII Section A. Officers, Directors, 11	ustees, (B)	ney T	En	<u> </u>	oye C)	es,	an	a nignest Con	ipensated Emp	Dioyees (continued
(A)	Average	(do	not :	-	-	e than	one	(D)	(E)	(F)
Name and title	hours per week	kod	, unk	ess p	erson direct	erson is both an director/trustee)		compensation from	Reportable compensation from	Estimated amount of other
	(list any hours for	or dir	ng Eg	Officer	Key 6	Highest compensated employee	an m	the organization (W-2/1099 MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related
	related organiza - tions	or director	nstitutional trustee	22	employee	st con	₽.			organizations
	below dotted	Nistee	ST.		8	pens				
	line)		1 88			ह	1			
(15)										
(16)				_			T			
(17)	 				-		_			
(18)	 				-					
(19)			-							
(20)					-				<u> </u>	
(21)					-		-			
(22)							<u> </u>		, .	
(23)							ļ			
(24)										
(25)										
1 b Subtotal	<u></u>				<u></u>		-	64,564.	0.	6,136
c Total from continuation sheets to Part VII, Sect	ion A..						>	0.	0.	0
d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited	to those I	sted	abo	ve) v	who	recei	ved	64,564. more than \$100.00	0.0 of reportable com	6,136
from the organization > 0										·
3 Dod the comment of the control o	.4. 1 -1-			1			L 1			Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	ctor, truste ch individu	e, ke al	y ei	mpic	oyee	, or i	nıgr	nest compensated	employee	3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations great	f reportabler than \$1	le coi	mpe	nsa If 'Y	tion 'es.'	and	oth	er compensation to te Schedule J for	rom	
such individual		•	٠	•		•		• •		4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	ie compen s,' comple	satio <i>te Sc</i>	n tre hea	om a lule	any <i>J foi</i>	unre r <i>suc</i>	late h p	d organization or erson	individual 	5 X
Section B. Independent Contractors 1. Complete this table for your five highest comper	sated inde	nen	lent	cor	itrac	tors	tha	t received more th	an \$100,000 of	
Complete this table for your five highest comper compensation from the organization. Report comper		the ca	alen	dar	/ear	endır	ng v			
(A) Name and business add	ress							Description o	f services	(C) Compensation
							_			
2 Total number of independent contractors (including	but not limi	ted to	tho	se li	sted	abov	ve)	who received more	than	
\$100,000 of compensation from the organization									ar real f	
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<u> </u>		Check if Schedule O contains a re	esponse or note to any	line in this Part V	/IIL		🗍
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above	a b c d e 121,514.			·	
nd of		lines 1a-1f Total. Add lines 1a-1f	g	129,984.		1	ĺ
		Total. Add lines Tarit	Business Code	129,904.			
Program Service Revenue	2 a	20.000000000000000000000000000000000000	522291	138,255.	138,255.		
ram Servi	e	All other program service revenue					
ည်	1	Total. Add lines 2a-2f		138,255.			
	3	Investment income (including dividend other similar amounts) Income from investment of tax-exem	s, interest, and	46.	46.		
	5 6 a	Royalties (i) Real	(iı) Personal				
	c	Cless: rental expenses Rental income or (loss) Net rental income or (loss)					
		Gross amount from sales of assets other than inventory Less. cost or other basis and sales expenses 7b	(ii) Other				
		Gain or (loss). 7c				<u> </u>	
	d	Net gain or (loss)	>				
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.	8a				,
亨		Less: direct expenses.	8b				
δ		Net income or (loss) from fundraisin Gross income from gaming activities. See Part IV, line 19	g events •				. [
		Less ¹ direct expenses	9 b				
		Net income or (loss) from gaming ad	ctivities .				
		Gross sales of inventory, less returns and allowances Less: cost of goods sold .	10a 10b				
		Net income or (loss) from sales of in	ventory .				
9			Business Code				
ceraneous Revenue	11 a b c d	Gain on disposal of asset		8,500.	8,500.		
S S	ا ن	All other revenue	-				
7 TE		Total. Add lines 11a-11d		8,500.			1
		Total revenue. See instructions.	. •	276,785.	146,801.	0.	0.

Form 990 (2019) Hopi Credit Association 86-6053269 Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundraising general expenses expenses expenses^{*} Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 70,700 27,670 43,030 0. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0. Other salaries and wages . 18,128. 46,320. 28,192. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) ... Other employee benefits 5,731 5,260 471 10 Payroll taxes 9,185 2,782 6,403. 11 Fees for services (nonemployees). a Management **b** Legal c Accounting

•	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees .				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	26,176.	9,999.	16,177.	
13	Office expenses	5,982.	1,733.	4,249.	
14	Information technology	- 0,0021		/	
15	Royalties			 	
16	Occupancy	· · · · · · · · · · · · · · · · · · ·	···		
17	Travel	9,776.	5,431.	4,345.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.		3,131.		
19	Conferences, conventions, and meetings	1,691.		1,691.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,606.		20,606.	
23	Insurance	4,713.		4,713.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).				
а	Other Expenses	99,430.	21,708.	77,722.	
b	Legislative and advocacy	6,787.		6,787.	<u></u>
	Telecommunication Expenses	6,369.	2,367.	4,002.	
	Office Equipment Expenses	2,935.		2,935.	
е	All other expenses	773.	<u>99</u> .	674.	
25	Total functional expenses. Add lines 1 through 24e	317,174.	95,177.	221,997.	0.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X **(B)** End of year (A) Beginning of year 1,179,390 Cash - non-interest-bearing. 1 1,342,329. 2 Savings and temporary cash investments 57,338 57,385. Pledges and grants receivable, net 3 3 4 6,479. Accounts receivable, net 29,731 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 3.408 5 2,274 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 7 Notes and loans receivable, net 1,566,238 1,281,300. 8 Inventories for sale or use ... Prepaid expenses and deferred charges 9 8,784. 5,397 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10 a 209,123 **b** Less accumulated depreciation 10b 84,102 76,469 10 c 125,021 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 2,917,971 2,823,572. 16 Total assets. Add lines 1 through 15 (must equal line 33). 36,586 17 37,119 Accounts payable and accrued expenses 17 18 18 Grants payable . 19 Deferred revenue 46,167 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties . 550,000 23 550,000. 23 Unsecured notes and loans payable to unrelated third parties . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 187,867. 25 196,243 828,996 26 774,986. Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X **Fund Balances** and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions . 2,088,975 2,048,586. 27 28 Net assets with donor restrictions . . Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ե 29 Capital stock or trust principal, or current funds 29 **Net Assets** 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 32 2,088,975 2,048,586. Total net assets or fund balances 32 2,917,971 2,823,572. Total liabilities and net assets/fund balances .

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Forr	n 990 (2019) Hopi Credit Association	86-6053269	Pa	age 12
Pai				
	Check if Schedule O contains a response or note to any line in this Part XI.			
`1	Total revenue (must equal Part VIII, column (A), line 12)	1	276,	785.
2	Total expenses (must equal Part IX, column (A), line 25)	2	317,	174.
3	Revenue less expenses. Subtract line 2 from line 1	3	-40,	389.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,088,	
5	Net unrealized gains (losses) on investments	. 5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	. 8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	2,048,	<u> 586.</u>
Pa	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain		<u> </u>	
	in Schedule O.			ييعا
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re	viewed on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
ı	Were the organization's financial statements audited by an independent accountant?		2b X	<u> </u>
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s	eparate		
	basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis			
				-
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ıgle 	3 a	Х
ŀ	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for Instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Hopi Credit Association 86-6053269 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) . Aggregate value of grants from (during year). Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes □ No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2 a 2 b **b** Total acreage restricted by conservation easements . c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Πo and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? ... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: ▶\$ (i) Revenue included on Form 990, Part VIII, line 1 ► Ś (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: ▶\$ a Revenue included on Form 990, Part VIII, line 1. **b** Assets included in Form 990, Part X...

Partillia Organizations Maintaining Coll	ections of Art, Histo	orical Treasures, o	or Other Similar Ass	ets (continued)						
3 Using the organization's acquisition, accession, items (check all that apply):	and other records, check a	any of the following that	make significant use of its	collection						
a Public exhibition	d Loan	or exchange program								
b Scholarly research	e Other	r								
c Preservation for future generations	_									
4 Provide a description of the organization's collect Part XIII.	Trottee a description of the organization of conditions and explain from the organization of exempt purpose in									
5 During the year, did the organization solicit o to be sold to raise funds rather than to be ma				Yes No						
Part IV Escrow and Custodial Arranger line 9, or reported an amount or	nents. Complete if i Form 990, Part X,	the organization at line 21.	nswered 'Yes' on Fo	orm 990, Part IV,						
1 a is the organization an agent, trustee, custodi on Form 990, Part X?	an or other intermediary	for contributions or ot	her assets not included	Yes No						
b If 'Yes,' explain the arrangement in Part XIII	and complete the follow	ing table:								
				Amount						
c Beginning balance			1 c							
d Additions during the year			1 d							
e Distributions during the year .		• •	1 e							
f Ending balance .			1f							
2a Did the organization include an amount on Fo	orm 990, Part X, line 21,	, for escrow or custodia	al account liability?	Yes No						
b If 'Yes,' explain the arrangement in Part XIII.	Check here if the explain	nation has been provid	led on Part XIII							
Part V. Endowment Funds. Complete if			orm 990, Part IV, III	ne 10.						
(a) Curren	t year (b) Prior yea	r (c) Two years ba	ck (d) Three years back	(e) Four years back						
1 a Beginning of year balance										
b Contributions										
c Net investment earnings, gains, and losses										
d Grants or scholarships .										
e Other expenditures for facilities and programs										
f Administrative expenses			· ·							
g End of year balance										
2 Provide the estimated percentage of the curre	ent year end balance (lir	ne 1g, column (a)) held	l as:							
a Board designated or quasi-endowment	8									
b Permanent endowment ►	;									
c Term endowment ► %										
The percentages on lines 2a, 2b, and 2c should	equal 100%.									
3 a Are there endowment funds not in the possession organization by:	of the organization that a	are held and administere	d for the	Yes No						
(i) Unrelated organizations				3a(i)						
(ii) Related organizations				. 3a(ii)						
b if 'Yes' on line 3a(ii), are the related organiza	tions listed as required (on Schedule R?		3b						
4 Describe in Part XIII the intended uses of the	•		•							
Part VI Land, Buildings, and Equipmen	<u> </u>		· ···							
Complete if the organization ans		m 990, Part IV, line	e 11a. See Form 99	0, Part X, line 10.						
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value						
1 a Land .										
b Buildings		114,602.	40,392.	74,210.						
c Leasehold improvements .										
d Equipment		94,521.	43,710.	50,811.						
e Other										
Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, o	column (B), line 10c.).		125,021.						
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(a) Description of security or category (including name of security)	(b) Book value	00, Part IV, line 11b. See Form 9 (c) Method of valuation: Cost or end-o	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)	. <u></u>		
Partiviiii Investments – Program Related. Complete if the organization answered	l'Ves' on Form 99	N/A	00 Part V line 1
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)	(1) 2 2 3 1 1 2 1 2	, , , , , , , , , , , , , , , , , , , ,	
(2)			
(3)		-	· ——
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)			
	N/A 'Yes' on Form 99 scription	0, Part IV, line 11d. See Form 9	90, Part X, line 15 (b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			· -
(8)			
(9) (10)			
Total. (Column (b) must equal Form 990, Part X, column (b)	2) Ima 15)	-	· -
Other Liabilities. Complete if the organization answered 'Yes' on F		<u>· · · · · · · · · · · · · · · · · · · </u>	
	ption of liability		(b) Book value
(1) Federal income taxes	·		107 067
(2) Due to Members			187,867
(2) Due to Members (3)			187,867
(2) Due to Members (3) (4)			187,867
(2) Due to Members (3)			187,867
(2) Due to Members (3) (4) (5) (6) (7)			187,867
(2) Due to Members (3) (4) (5) (6) (7) (8)			187,867
(2) Due to Members (3) (4) (5) (6) (7) (8) (9)			187,867
(2) Due to Members (3) (4) (5) (6) (7) (8) (9)			187,867
(2) Due to Members (3) (4) (5) (6) (7) (8) (9) (10)			
(2) Due to Members (3) (4) (5) (6) (7) (8)	strate to the organization's f	Inancial statements that reports the organization's	187,867

Schedule D (Form 990) 2019 Hopi Credit Association		86-6053269	Page 4
Part XI Reconciliation of Revenue per Audited Financial Stateme	-	r Return.	
Complete if the organization answered 'Yes' on Form 990,	Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements .		1	276,785.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		. 2e	
3 Subtract line 2e from line 1		3	276,785.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b.	<u> </u>	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.))	5	276,785.
Part XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered 'Yes' on Form 990,		per Return.	
Total expenses and losses per audited financial statements	1 41(17) 1110 124.	11	317,174.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	317,174.

Part XIII Supplemental Information.

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

4 b

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Schedule D (Form 990) 2019

4 c

5

317,174.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 Attach to Form 990 or Form 990-EZ.

2019

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open To Public Inspection

Name of the organization

Employer identification number

Hopi Credit Association 86-6053269

Partill Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Corrected?		
	(a) Name of disqualified person	organization	(c) Description of dansaction		No	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.

►\$_____ ►s

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Partill Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization (c)	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) in default?		(h) Approved by board or committee?		(i) Written agreement?	
		}	То	From			Yes	No	Yes	No	Yes	No
(1) Shawn Namoki	Vice Pres.	Personal		Х	4,445.	414.		Х	Х		Х	
(2) Clyde Qotswisi	ma .					<u> </u>						
(3)	Member	Personal		Х	2,000.	1,860.		Х	X		Х	
(4)												
(5)						-						
(6)												
(7)												
(8)						•						
(9)												
(10)				i								
otal			•	•	▶ \$	2,274.						

Partill Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)	•				
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

Part IV	Business Transactions Involving Interested Persons.
	Complete of the assessmention analysis of Warl on Farm COO. Boot IV. Inn. 2

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

2019 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Hopi Credit Association

Employer identification number

86-6053269

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

Borrowers are required to own shares in the Association at the rate of one \$3 for every \$100 borrowed. After a member's loan is paid in full the member's shares may be sold back to the association or kept with the Association for future borrowing. In the event of default, a member's share (1 share at \$3.00 each for every \$100) may be used by the Association to offset the defaulted indebtedness. Shares that belong to members who become deceased are reclassified as Treasury Shares until the shares can be purchased back from the appropriate successor.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

All Borad of Director are elected from the gerneral membership and must had a loan.

Form 990, Part VI, Line 11b - Form 990 Review Process

The organization reviews a draft of the prepared IRS Form 990 with its governing members prior to filling and makes its governing documents, and financial statements available to the public upon request.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No documents available to the public.